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CONFIRMATION NO. 1687

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APPLICANTS

Mary R. Flack, Kensington, MD;
Richard Knazek, Bethesda, MD;
Marcus Reidenberg, Scarsdale, NY;

** CONTINUING DATA *****

This application is a REI of 08/379,872 01/27/1995 PAT 6,114,397 which is a DIV of 07/551,353 07/12/1990 PAT 5,385,936

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **

06/10/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MD	SHEETS DRAWING 2	TOTAL CLAIMS 30	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i>			

ADDRESS

45733

TITLE

Gossypol for the treatment of cancer

FILING FEE RECEIVED 1502	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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